

## BODY PIERCING ESTABLISHMENT INSPECTION REPORT TENNESSEE DEPARTMENT OF HEALTH DIVISION OF GENERAL ENVIRONMENTAL HEALTH

11151

ESTABLISHMENT		IELD NO.	CO. NO.	DATE		SCORE		
LOCATION STAFF ID		TAFF ID	1	EST. NO	Ο.			
					/100			
CITY, STATE, ZIP  TYPE ( ) Permanent ( ) Temporary				PURPO	PURPOSE () 1. Complete () 4. Consultation			
					( ) 2. Follow-up ( ) 5. Investigation ( ) 6. Other			
PERMITTEE FOLLOW-UF			() YES	INSPEC	CTION LENG			
REQUIRED			( ) NO	(Hrs/Mi				
	PROHIBITED ACTS			LIGHT	TING			
1.	Minor clients, unhealthy site		2 1	9. Adequat	e		1	
2.	Licensed technician not on duty		2	VENTILATION				
	PHYSICAL FACILITIES		2	0. Sufficier	Sufficient, installed, maintained			
3.	Work area separated		1	GENE	GENERAL OPERATIONS			
*4.	Autoclave meets minimum time, temperature, pr	essure	5 *2	1. Toxic ite	Toxic items stored, labeled, used		5	
5.	Regulated waste properly disposed		2 2			of litter, unnecessary articles,	1	
**	WATER					mimals, clean, maintenance,		
*6.	Water source approved, hot and cold under press SEWAGE	sure	5		nt properly store			
*7.	Sewage and liquid waste disposal		5 2			IENT & UTENSILS	1	
1.0	PLUMBING					ined, constructed, designed	5	
8.	Installed, maintained		*2		No reuse of single use articles			
*9.				Control of the Contro	Clean, free of abrasives and cleaners			
*9. Cross-connection, backflow, back-siphonage TOILET/HANDWASHING FACILITIES			5 2	CARL DISCONDING OF THE	Aisles unobstructed 1 PIERCING OPERATIONS			
*10.								
11.			5 *2		Good hygienic practices, proper handwashing 5 Clean clothing, lap cloth used, spill kits available 1			
	covered receptacles, antibacterial soap, disposable towels/hand drying devices	le	*2		Employees with infectious lesions on hands restricted from piercing 5			
	GARBAGE & REFUSE DISPOSAL	*3		Weekly microbiological monitoring tests 5				
12.	Containers clean, adequate number, covered, insect or rodent proof. Outside storage area clean, adequately sized, covered, controlled incineration		1 *3		Needles sterilized in an approved manner. Equipment 5 sterilized for no more than one (1) year.			
			*3	<ol><li>Work ro</li></ol>	om equipped and	restocked as required	5	
INSECT/RODENT CONTROL			*3		Sterile instruments properly handled			
*13.	Presence/evidence of insects, rodents, harborage	— outer	5 *3	4. Reusable	e instruments pro	perly handled	5	
	openings protected. FLOORS/WALLS/CEILINGS/FURNIS	HINCS				ole; Department copied on minors care of body piercing	2	
14.	Floors—constructed, drained, clean, good repair		1				1 1	
15.	Walls—constructed, clean, good repair				NISTRATION		To	
16.	Ceilings/attached equipment—constructed, clear	a good rongie			ns reported		0	
17.	Work area furnishings—sanitized between client	-			permit/license po		0	
18.	Work area furnishings—clean, good repair	10	1	9. IVIOSE CUI	irent complete in	spection report available	0	
imminen available Environs		year (calendar or oth shall cease. You are ests to review it. Yo .C.A. Sections 4-5-20	erwise), the body pierc required to post the bod u have the right to requ	ng establishment piercing establi- est a review rega	t permit shall be sub shment permit in a co ording this report by	oject to revocation. Items identified as con	stituting on report	
Person in Charge			By_			Environmentalist		
Date of Signature				e in/out	a.m.	p.m.		
* Ider	ntifies critical items							

PH-3731

Dist. List 2nd – Data Entry 1st – Local File 3rd – Operator, Manager